



AUTOMOBILE LOSS NOTICE

Brown & Brown of Seattle
2101 Fourth Avenue, Suite 600
Seattle, WA 98121
1-206-956-1626
Fax# 206-956-9626
mvangelid@bnbseattle.com

Date: _____

DATE OF LOSS: _____

INSURED: Tulalip Tribes of Washington

DEPARTMENT: _____

INSURED'S BUSINESS PHONE: _____

PERSON TO CONTACT: _____

LOSS:

Police Dept. _____ Case# _____

Location of Accident: _____

Description of Accident: _____

INSURED VEHICLE:

Year, Make, Model

Vin#:

Lic. Plate:

Driver's Name & Address: _____

Business Phone: _____

Residence Phone: _____

DOB: _____

Driver's License No.: _____

Estimate Amount: _____

Describe Damage: _____

PROPERTY DAMAGED/OTHER PARTY'S VEHICLE:

Describe Property: _____

Owner's Name & Address: _____

Other Party's Insurance: _____

Business Phone: _____

Residence Phone: _____

Other Driver's Name & Address: _____

Business Phone: _____

Residence Phone: _____

Describe Damage: _____

Estimate Amount: _____

INJURED:

Name & Address

Phone No.:

Extent of Injuries:

Witnesses or Passengers: _____

REMARKS: _____

Reported By: _____

Phone: _____

**ALL TRIBAL CLAIMS TO BE SENT TO SUMMER WHITE @RESERVATION
ATTORNEY'S OFFICE . Fax# 360-716-0634 or swhite@tulaliptribes-nsn.gov**



PROPERTY LOSS NOTICE

Brown & Brown of Seattle
2101 Fourth Avenue, Suite 600
Seattle, WA 98121
1-206-956-1626
Fax# 206-956-9626
mvangeld@bnbseattle.com

Date: _____

DATE OF LOSS: _____

INSURED: Tulalip Tribes of Washington

DEPARTMENT: _____

INSURED'S BUSINESS PHONE: _____

PERSON TO CONTACT: _____

LOSS:

Location of Loss: _____

Police or Fire Department Reported: _____

Case# _____

Kind of Loss (Fire, Wind, Explosion, etc.): _____

Probable Amount: _____

Description of Loss and Damage: _____

REMARKS: _____

Reported By: _____

Phone: _____

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GENERAL LIABILITY LOSS NOTICE

Brown & Brown of Seattle
2101 Fourth Avenue, Suite 600
Seattle, WA 98121
1-206-956-1626
Fax# 206-956-9626
mvangel@bnbseattle.com

Date: _____

DATE OF LOSS: _____

INSURED: Tulalip Tribes of Washington _____
DEPARTMENT: _____
INSURED'S BUSINESS PHONE: _____
PERSON TO CONTACT: _____

LOSS:

Location of Accident: _____
Description of Accident: _____

BODILY INJURY/PROPERTY DAMAGED:

Name & Address:	Name & Address:
_____	_____
_____	_____
_____	_____
Phone Number: _____	Phone Number: _____

Describe Injury/Injuries: _____

Where Taken: _____

Describe Property: _____

Estimate Amount: _____

WITNESSES:

Name & Address:	Bus. Phone:	Res. Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS:

Reported By: _____ **Phone:** _____

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COMMON SENSE GUIDELINES

1. Report all accidents regardless of the degree of injuries or damage.
2. Record all relevant facts- save all broken or damaged equipment involved until instructed to do otherwise.
3. Take photos if possible or warranted.
4. **DO NOT ADMIT RESPONSIBILITY OR AGREE TO PAY FOR DAMAGES.**
5. **REPORT SERIOUS OR FATAL ACCIDENTS AT ONCE!**

AUTOMOBILE ACCIDENTS

1. Each tribal vehicle should carry a vehicle accident report form
2. Employee operating vehicle at time of loss should complete report following all instructions. Tribal Administrator or Supervisor should complete the "Automobile loss notice".
3. **DO NOT ADMIT RESPONSIBILITY OR AGREE TO PAY FOR DAMAGES.**
4. **REPORT SERIOUS OR FATAL ACCIDENTS AT ONCE!**

**IF YOU HAVE ANY QUESTIONS PLEASE CALL YOUR
INSURANCE SPECIALIST AT: 360-716-4551**